

Marshy Hope Family Services CLIENT ORIENTATION

By my signature below, I certify that the statements listed below are true.

- ☐ I have been given a copy of the MHFS Client Handbook.
- ☐ I have received an explanation of the Client's Rights.
- ☐ I have received an explanation of the complaint and grievance process.
- ☐ I have received a description of different ways I can provide input into my services and provide feedback (such as refusing services or participate in treatment planning).
- ☐ I understand and have been given a copy of MHFS's Notice of Privacy Practices.
- ☐ I have been informed about the purpose and process of the screening and assessment.
- ☐ I have been given an explanation of MHFS's confidentiality policies.
- ☐ I have been informed about how my Treatment Plan will be developed; how I am expected to participate in the development of the plan and the achievement of my goals; the expected course of my treatment; how motivational incentives may be used; and expectations for legally required appointments, sanctions, or court notifications.
- ☐ I have been given information about behavioral expectations of clients and am aware that this information is also contained in the Client Handbook.
- ☐ I have been given information about criteria for being admitted to services, for being transitioned to a different service, and for being discharged.
- ☐ I have been informed about MHFS staff response if they identify potential risk to my well-being.
- ☐ I understand MHFS's hours of operation and how to access after-hour-services.
- ☐ I have received information about MHFS's standards of professional conduct.
- ☐ I have been informed about possible reporting and follow-up requirements for clients who are mandated (court-ordered) to services, regardless of discharge status.
- ☐ I have been given a map of the facility including: emergency exits, fire suppression equipment, first aid kits, emergency "safety zones", bathrooms, therapy rooms.
- ☐ I understand MHFS's health and safety policies regarding: restraint/seclusion, use of tobacco products, legal and illegal drugs, prescriptions medication and weapons brought into any MHFS facility, program or activity.
- ☐ I understand the Program Rules and understand that the program may place restrictions on my customary rights and privileges, possible consequences of attitudes and behaviors, and that there may be ways to regain rights or privileges that have been restricted.
- ☐ I understand and have signed forms with description and explanation of financial obligations, fees, and any financial arrangements for services performed by MHFS.
- ☐ I have been asked if I have an advance directive, and have been offered education about this if I desire.
- ☐ I have been given an explanation of and signed the Consent for Treatment.
- ☐ I have been assigned to my primary therapist and have been given their contact information.
- ☐ I have signed the client HIPAA agreement.
- ☐ I have informed about the way that AI (artificial intelligence) is used for my care.

Assigned Individual Therapist: _____

Client Printed Name: _____

Client Signature: _____ **Date:** _____